

ALABAMA FAIR CAMPAIGN PRACTICES ACT COMPLAINT FORM

Please Print All Information

I. Complainant's Information

(PERSON MAKING COMPLAINT)

YOUR COMPLAINT WILL NOT BE MADE PUBLIC. YOUR COMPLAINT MAY BE REFERRED TO LAW ENFORCEMENT AUTHORITIES.

Name: _____

Address: _____

City: _____ Zip Code: _____

Primary Phone: (_____) _____ Secondary Phone: (_____) _____

E-Mail: _____

Fax: _____

NOTE: PLEASE LIST ONLY ONE (1) PERSON PER COMPLAINT FORM.

PLEASE USE A NEW FORM FOR EACH ADDITIONAL PERSON MAKING A COMPLAINT.

II. Person(s) or Entity Against Whom Complaint is Brought

Name(s): _____

Entity (if any): _____

Address: _____

City: _____ Zip Code: _____

Primary Phone: (_____) _____ Secondary Phone: (_____) _____

E-Mail: _____

Date of Occurrence: _____ Location of Occurrence: _____

I have attached additional documents or sheets to this complaint form: Yes___ No___

Have you submitted information about this complaint to your District Attorney and/or Attorney General's office? Yes___ No___

Have you submitted information about this complaint to the Alabama Ethics Commission? Yes___ No___

III. Description of the Alleged Violation

If known, please state the provision or section of the Fair Campaign Practices Act you believe was violated.

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Explain the basis for your complaint. Please provide a detailed listing of facts, circumstances, witnesses, procedures, occurrences, and other information including the names of persons you believe have information about the alleged violation(s) by the person(s) or entity named in paragraph II. If necessary, please attach additional sheets or other documents.

IV. Sworn Statement of the Complainant

(PERSON MAKING COMPLAINT)

I swear or affirm that all statements made in this complaint are accurate, true, and correct.

Signature of Complainant

Date